



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
APPLICATION FOR TYPE I PERMIT



THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE				
PRINT FULL NAME			AGE	TELEPHONE NUMBER		
SOCIAL SECURITY NUMBER		A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/				
ORGANIZATION				EMAIL ADDRESS		
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)						
DIRECTOR'S NAME					TELEPHONE NUMBER	
ALCOHOL ANALYSIS:		<input type="checkbox"/> BLOOD	<input type="checkbox"/> URINE	<input type="checkbox"/> SALIVA		
DRUG ANALYSIS:		<input type="checkbox"/> BLOOD	<input type="checkbox"/> URINE	<input type="checkbox"/> SALIVA		
FOR DRUG TESTING ONLY						
PROVIDE NAME OF PROFICIENCY TESTING PROGRAM(S) YOUR FACILITY SUBSCRIBES TO						
EDUCATION						
COLLEGE OR UNIVERSITY	YEARS ATTENDED	HOURS QTRS/SEM.	MAJOR	MINOR	DEGREE	GRADUATED
OTHER RELEVANT TRAINING						
COURSE OR PROGRAM TITLE		AGENCY OR INSTITUTION			DATES	
ANALYTICAL EXPERIENCE						
ORGANIZATION				DATES EMPLOYED		
RESULTS OF SAMPLES FOR ANALYSIS:						
METHODS OF ANALYSIS USED						
DRUGS					ALCOHOL	
<input type="checkbox"/> Enzyme Immunoassay (EIA)	<input type="checkbox"/> Radioimmunoassay (RIA)	<input type="checkbox"/> Thin Layer Chromatography (TLC)	<input type="checkbox"/> High-Performance Liquid Chromatography (HPLC)	<input type="checkbox"/> Liquid Chromatography/Mass Spectrometry (LC/MS)	<input type="checkbox"/> Cloned Enzyme Donor Immunoassay (CEDIA)	<input type="checkbox"/> Ultra-Violet/Visible Spectrophotometry (UV/Vis)
<input type="checkbox"/> Gas Chromatography/Mass Spectrometry (GC/MS)	<input type="checkbox"/> Fluorescence Polarization Immunoassay (FPIA)	<input type="checkbox"/> Gas Chromatography (GC)	<input type="checkbox"/> Enzyme-Linked Immunosorbent Assay (ELISA)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Gas or Liquid Chromatography	
<input type="checkbox"/> Other _____				<input type="checkbox"/> Other _____		
SIGNATURE OF APPLICANT					DATE	
▶						
RETURN COMPLETED APPLICATION TO THE:			Breath Alcohol Program, Missouri Department of Health and Senior Services, Southeast District Office, 2875 James Boulevard, Poplar Bluff, MO 63901			